

GP

misc

1/2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Cooperative of American Physicians - Mutual Protection Trust (CAP-MPT) State PAC			Date of This Filing 02/05/2008	RECEIVED AND FILED Date Stamp FEB 05 2008 DEBRA BOWEN Secretary of State 1/2 R/L	For Official Use Only
AREA CODE/PHONE NUMBER (213) 473-8600	I.D. NUMBER (if applicable) 760951	Report No. LCM-80123	Office of the Secretary of the State of California		
STREET ADDRESS			Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90071	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	SEE NEXT PAGE ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

CP

MISC

2/2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

R/L

LATE CONTRIBUTION REPORT

NAME OF FILER Cooperative of American Physicians - Mutual Protection Trust (CAP-MPT) State PAC		Date of This Filing _____	RECEIVED AND FILED In the office of the Secretary of the State of California FEB 05 2003 DEBRA BOWEN Secretary of State	Form 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 760951	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____ ZIP CODE _____	No. of Pages _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008 	California Democratic Party Sacramento CA 95814 ID: 741666	Ballot: Dist:	5000.00	
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SEIU Local 721 CTW, CLC Issues and Initiatives			Date of This Filing 02/05/2008	Date Stamp RECEIVED AND FILED in the office of the Secretary of the State of California FEB 05 2008 DEBRA BOWEN Secretary of State 1/2	For Official Use Only
AREA CODE/PHONE NUMBER 2133688660	I.D. NUMBER (if applicable) 891044		Report No. 001		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90020-0000	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SEIU Local 721 CTW, CLC Issues and Initiatives		Date of This Filing _____	RECEIVED AND FILE in the office of the Secretary of State of the State of California FEB 05 2008 DEBRA BOWEN Secretary of State 212 R	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 891044	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/04/2008 1	Los Angeles County Democratic Party Los Angeles CA 90010-0000 ID: 744554	Ballot: Dist:	5000.00	
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: _____

02/05/2008 14:43 FAX 12134526575 KAUFMAN DURNING LLC

69

MSC

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Kern County Republican Central Cmte-Non Fed		Date of This Filing 02/05/2008	Date Stamp RECEIVED AND FILED In the Office of the Secretary of State of the State of California FEB 05 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (661) 327-9321	I.D. NUMBER (if applicable) 770873	Report No. 20080205-7055475		
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Bakersfield	STATE CA	ZIP CODE 93309-7027		
		No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/05/2008 	Western Pacific Research, Inc. Bakersfield CA 93312-4684 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Kern County Republican Central Cmte-Non Fed		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California FEB 05 2008 DEBRA BOWEN Secretary of State 272	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 770873			
STREET ADDRESS _____				
CITY _____	STATE _____	ZIP CODE _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
I	ID:	Ballot: Dist:		
I	ID:	Ballot: Dist:		
I	ID:	Ballot: Dist:		
I	ID:	Ballot: Dist:		

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Dan A. Emmett		Date of This Filing <u>2/5/08</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-255-7725	I.D. NUMBER (if applicable) <u>491046</u>	Report No. _____	<p>RECEIVED AND FILED in the office of the Secretary of State of the State of California</p> <p>FEB 05 2008</p> <p>DEBRA BOWEN Secretary of State</p>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Monica	STATE CA	ZIP CODE 90401	No. of Pages <u>1</u>	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<u>2/5/08</u> (hand delivered)	Yes on R Santa Monica, CA 90403 FPPC#1302386	Yes on R Measure R in Santa Monica	\$2,000	2/5/08

Reason for Amendment: _____